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IN THE UNITED ST	ATES DI	STRICT COUR	T			
FOR THE NORTHE	RN DIST	RICT OF TEXA	S,U.S. DISTRICT COURT			
DALLA	AS DIVIS	ION NO	RTHERN DISTRICT OF TEX	AS		
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JAIME DAVIDSON, M.D.,	§		The same of the sa			
·	§		FEB 2 2009	- 1		
Plaintiff,	Š	J. J	2000			
•	§		FDV UC DIO	1		
v.	Š		ERK, U.S. DISTRICT COURT	.		
	§		Deputy	- 1		
METROPOLITAN LIFE INSURANCE	§					
COMPANY D/B/A "METLIFE" AS	§					
ADMINISTRATIVE AGENT OF THE	§	CAUSE NO.				
DISABILITY INCOME INSURANCE	§	_				
BUSINESS OF ALLMERICA	§					
FINANCIAL LIFE INSURANCE AND	§	• • •	LOGOTTO	~		
ANNUITY COMPANY,	§	3-05	CV0281	- 6		
	§	O				
Defendant.	§					
	§					

PLAINTIFF'S ORIGINAL COMPLAINT AND DEMAND FOR JURY TRIAL

§

TO THE HONORABLE UNITED STATES DISTRICT COURT:

COMES NOW Jaime Davidson, M.D., referred to below at times as "Plaintiff", complaining of Metropolitan Life Insurance Company d/b/a "MetLife" as Administrative Agent of the Disability Income Insurance Business of Allmerica Financial Life Insurance and Annuity Company, referred to below at times as "Defendant", and would respectfully show the following:

I.

PARTIES

- 1. Plaintiff is an individual who was and is domiciled in Dallas County, Texas during the time periods at issue. **Plaintiff demands a trial by jury**.
- 2. Defendant MetLife is organized to do business under the laws of the State of New York. This Defendant has its principal office in New York or Florida. This Defendant does

business in the state of Texas, including Dallas County, Texas, and has minimum contacts with the State of Texas such that this Court's exercise of jurisdiction over it will not offend traditional notions of fair play or substantial justice. This Defendant can be served with process by serving its officer at One Madison Avenue, New York, NY 10010.

II.

JURISDICTION AND VENUE

3. Jurisdiction and venue are proper in this District Court for the Northern District of Texas pursuant to 28 U.S.C. §1332(a), as this suit involves a controversy between parties of diverse citizenship, and the amount in controversy exceeds the sum of \$75,000.00 (excluding interest and costs). Plaintiff would show this Court that the parties in this proceeding are completely diverse. Venue is proper in this United States District Court for the Northern District of Texas because all or a substantial part of the claims set forth below occurred in the Northern District of Texas and because the Defendant is subject to personal jurisdiction in the Northern District of Texas at the time of the commencement of this action. Venue is also proper in this District Court in that the policy at issue and the Rider at issue were procured in the Northern District of Dallas County, Texas.

III.

BACKGROUND FACTS

- 4. Many years ago the Plaintiff purchased an individual disability income policy with Allmerica Financial Life Insurance and Annuity Company (Policy No. S 059 757-400, referenced to below as the "Policy"). The Defendant acts as the Administrative Agent for the Disability Insurance Business of Allmerica Financial Life Insurance and Annuity Company.
 - 5. The Plaintiff paid premiums on the Policy for many years.

- 6. Unfortunately, Dr. Davidson was diagnosed with advanced stage Hodgkin's disease in late 2004 after a febrile illness and loss of stamina. He developed severe bleomycin lung injury and had respiratory failure. In the midst of chemotherapy he experienced several episodes where he fell and was diagnosed with severe neuropathy secondary to his chemotherapy. He suffered foot drop, numbness, and weakness in his lower and upper extremities. The problem with his lower extremities worsened and persisted over time. Rehabilitation did not improve his condition. Today, the Plaintiff continues to suffer from severe foot drop in both extremities, which is notably worse in his right foot. According to the Plaintiff's treating physician, Dr. Davidson is precluded from resuming his office and hospital practice of endocrinology. The Plaintiff's treating physician has specifically opined that the Plaintiff is disabled.
- 7. The Policy (which the Defendant has acknowledged, in writing, is an individual disability income policy and thus not an ERISA plan or part of an ERISA plan) defines total disability or totally disabled as "sickness or injury (that) makes you unable to engage in your regular occupation". The Policy defines residual disability or residually disabled as "that although you are engaging in an occupation, injury or sickness causes you to earn at least 20% less than your base earnings." Dr. Davidson's "regular occupation" at the time that he purchased the policy at issue was that of a practicing endocrinologist, caring for patients in the office and hospital setting.
- 8. The Defendant paid residual disability benefits to the Plaintiff in response to a claim that he submitted for a short period of time. After that, the Defendant refused to pay benefits based upon earnings that Dr. Davidson received by engaging in work other than work done as part of his "regular occupation" (i.e.: a practicing endocrinologist).

9. The Defendant has completely ignored the fact that the Plaintiff also purchased a Regular Occupation Rider to the Policy years ago (while he was working as a full-time clinical endocrinologist). This Rider provides as follows:

TOTAL DISABILITY BENEFITS ARE PAYABLE SICKNESS OR INJURY MAKES YOU UNABLE TO ENGAGE IN YOUR REGULAR OCCUPATION. YOUR REGULAR OCCUPATION **MEANS** YOUR OCCUPATION DISABILITY BEGINS. TOTAL DISABILITY BENEFITS BEGIN AFTER THE ELIMINATION PERIOD AND ARE PAYABLE EVEN IF YOU ARE ACTUALLY WORKING IN ANOTHER OCCUPATION.

- 10. The Plaintiff was forced to stop seeing and treating patients all together in November 2006 because of his disability, and has not engaged in his "regular occupation" since that period of time.
- 11. Under the terms of the Regular Occupation Rider, the Plaintiff is entitled to total disability benefits under the terms of the policy at issue even though he has been and continues to work in another occupation.
- 12. Multiple written demands have been made by the Plaintiff upon the Defendant for tender of these benefits. Unfortunately, the Defendant has failed/refused to tender benefits due and owing.
- 13. Additionally, and incredibly, the Defendant is contending that it is owed monies from the Plaintiff for an alleged "overpayment" made to the Plaintiff under the terms of the Policy at issue.
- 14. The truth is that the Plaintiff does not owe any monies to the Defendant. Instead, the Plaintiff is due total disability benefits, including all applicable cost of living adjustments, from December 1, 2006 to the present date, and on a monthly basis going forward.

15. Unfortunately, the Plaintiff's medical problems (which are well documented) continue, and are not expected to improve. He remains under a physician's care. The Plaintiff remains disabled (under the terms of the Rider) today.

IV.

CAUSE OF ACTION COUNT I: BREACH OF CONTRACT

- 16. Plaintiff realleges and incorporates the facts and allegations set forth above as if they were set forth at length herein in support of this Count I.
- 17. By failing/refusing to tender benefits properly due the Plaintiff under the terms of the Policy and the Rider as obligated the Defendant has committed a material breach of contract.
- 18. This material breach has proximately caused economic damages to the Plaintiff for which he now sues, to the fullest extent of the law.
- 19. These damages include all benefits due under the terms of the Policy and the Rider at issue, including all applicable cost of living adjustments, all reasonable and necessary attorney's fees that the Plaintiff has incurred relating to his claim for same, pre-judgment and post judgment interest at the highest rates permitted by law, and all taxable costs of court.

V.

CAUSE OF ACTION COUNT II: BREACH OF THE DUTY OF GOOD FAITH AND FAIR DEALING

- 20. Plaintiff realleges and incorporates the facts and allegations set forth above as if they were set forth at length herein in support of this Count II.
- 21. As discussed herein, there is an insurance contract by and between the parties to this proceeding. This contract (the Policy and the Rider) created a duty of good faith and fair dealing on the part of the Defendant.

- 22. The Defendant breached this duty in certain material respects. More specifically, the Defendant breached this duty when it denied or delayed payment when liability was reasonably clear. Additionally and/or alternatively, this Defendant failed to service its insured on a reasonable basis, and failed to investigate the Plaintiff's claims thoroughly and in good faith.
- 23. This breach has proximately caused economic damages to the Plaintiff for which he now sues, to the fullest extent of the law.
- 24. These damages include all actual damages that the Plaintiff has sustained in this action (including all benefits due under the terms of the Policy and the Rider), exemplary damages in an amount deemed just and appropriate by the trier of fact, pre-judgment and post judgment interest at the highest rates permitted by law, and all taxable costs of court.

VI.

CAUSE OF ACTION COUNT III: DECEPTIVE TRADE PRACTICES AND VIOLATION(S) OF THE TEXAS INSURANCE CODE

- 25. Plaintiff realleges and incorporates the facts and allegations set forth above as if they were set forth at length herein in support of this Count III.
- 26. By engaging in the wrongful actions and conduct described herein, the Defendant has violated Chapter 541 of the Texas Insurance Code.
- 27. The Plaintiff has standing to sue under this Chapter, as he is a "person" who has been injured by the Defendant's deceptive acts or practices in the business of insurance. Additionally, the Defendant is a "person" as defined in this Chapter as it is a legal entity engaged in the business of insurance.

- 28. The Defendant misrepresented the benefits/advantages promised by the Policy and Rider at issue. Additionally and/or alternatively, the Defendant caused confusion and/or misunderstanding as to the goods/services to be provided; represented that the goods/services had characteristics and/or benefits that they (according to the Defendant) did not have; represented that the goods/services were of particular standard, quality, or grade when they were of another; represented that the Policy and the Rider conferred or involved rights, remedies, or obligations that, according to the Defendant, it/they did not have; misrepresented a material fact or policy provision; failed/refused to pay Plaintiff's claims without conducting a reasonable or timely investigation; failed/refused to provide a reasonable explanation in support of its delays and/or denials; and/or failed/refused to effectuate a prompt, fair, and equitable settlement when liability on the Plaintiff's claims became reasonably clear.
- 29. The wrongful actions and conduct described above were a producing cause (and a proximate cause) of economic damages to the Plaintiff for which he now sues, to the fullest extent of the law. These damages include all actual damages sustained (including all proceeds due under the terms of the Policy and the Rider), additional/treble damages because the wrongful actions and conduct were committed knowingly, pre-judgment and post judgment interest at the highest rates permitted by law, all taxable costs of court, and all reasonable and necessary attorney's fees that the Plaintiff has incurred in the prosecution of this action

VII.

CAUSE OF ACTION COUNT IV: BAD FAITH

30. Plaintiff realleges and incorporates the facts and allegations set forth above as if they were set forth at length herein in support of this Count IV.

31. The wrongful actions and conduct of the Defendant that are described herein constitute bad faith as defined by applicable law. The Plaintiff alleges that the Defendant delayed or denied payment on the Plaintiff's claims when liability became reasonably clear, and without any reasonable basis. Accordingly, the Plaintiff seeks and is entitled to recover all damages available to him under applicable law, including all actual damages sustained, exemplary damages in an amount deemed just and appropriate by the trier of fact, pre-judgment and post judgment interest at the highest rates permitted by law, and all taxable costs of court.

WHEREFORE, PREMISES CONSIDERED, Plaintiff Jaime Davidson, M.D. respectfully prays that this Petition be received and filed and, upon final trial of this cause, that he have and recover from and against Defendant Metropolitan Life Insurance Company d/b/a MetLife all of the relief prayed for herein and for such further relief, both at law and in equity, to which he may show himself justly entitled

Respectfully submitted,

FEE, SMITH, SHARP & VITULLO, L.L.P.

HOWARD J. KLATSKY

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ATTORNEY FOR PLAINTIFF

CIVIL COVER SHEET **8-09 CV0281-G**The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SFE INSTRICTIONS ON THE PREVENCE OF THE FORM.)

the civil docket sheet. (SEE I	NSTRUCTIONS ON THE REVI	ERSE OF THE FORM.)		•	-				O
I. (a) PLAINTIFFS				DEFENDANTS MATROPOLITAN LIFE INSURANCE COMPANY					
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(b) County of Residence of First Listed Plaintiff DALLA (EXCEPT IN U.S. PLAINTIFF CASES)			<u>S</u>		S. PLAINTIFF C. SE MNATION CASES; ID.	NTIFF COSE OF EVELONIES OF THE			
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